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APPLICANTS

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** CONTINUING DATA ***** *yr dr*

This appln claims benefit of 60/249,943 11/20/2000

** FOREIGN APPLICATIONS ***** *no ar*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/04/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 20	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>dr Amy</i> Examiner's Signature Initials				

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TITLE

Dual mode near-eye and projection display system

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of)
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